

## OUT-OF-HOME PLACEMENT OR RECOMMENDED PLACEMENT NOTIFICATION

**Use of form:** Child placing agencies are required to notify school districts when a child is placed in the district pursuant to ss. 48.64(1r) and 115.81(3), Stats. In addition, agencies are required to notify the school district in which a child resides prior to placement in a Residential Care Center (RCC) whenever the agency recommends to a court that a child be placed in an RCC. Use of this form is voluntary; however, the information must be provided.

DATE: \_\_\_\_\_

TO: Clerk, \_\_\_\_\_ School District  
Name - School District

FROM: \_\_\_\_\_  
Name - Representative of Placing Agency  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Name - Placing Agency

RE: Notification of the Placement of a Child in a Group Home / Foster Home / Residential Care Center or  
Recommended Placement of a Child in a Residential Care Center.

☐ This is to notify you, pursuant to s. 48.64(1r), Stats., that a child has been placed in the  
\_\_\_\_\_ Group Home / Foster Home /  
Name - Home  
Treatment Foster Home in your school district in the City / Town / Village of \_\_\_\_\_.

The effective date of the child's placement is \_\_\_\_\_ .  
mm/dd/yyyy

NOTE: Send form to school district in which the Group Home / Foster Home / Treatment Foster Home is located.

☐ This is to notify you, pursuant to s. 115.81(3), Stats., that a recommendation has been made to the juvenile court  
that a child be placed in the \_\_\_\_\_ Residential Care  
Name - Residential Care Center  
Center located in the City / Town / Village of \_\_\_\_\_.

The date of the recommendation to the court is / was \_\_\_\_\_ .  
mm/dd/yyyy

NOTE: Send form to school district in which the child is / was residing at the time of the recommendation to the court.

☐ This is to notify you, pursuant to s. 115.81(3), Stats., that a child has been placed in the  
\_\_\_\_\_ Residential Care Center located in the  
Name - Residential Care Center  
City / Town / Village of \_\_\_\_\_.

The effective date of the child's placement is \_\_\_\_\_ .  
mm/dd/yyyy

NOTE: Send form to school district in which the child was residing prior to placement in the Residential Care Center.

The following information relates to that child:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Current / Previous School: \_\_\_\_\_

City / Town / Village: \_\_\_\_\_ State: \_\_\_\_\_

Contact me at the following address or telephone number if you have questions regarding this child or the placement.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Copy: Group Home or Residential Care Center Administrator / Foster Parent / Treatment Foster Parent